

Blackwood. (W.R.D.)

¹⁵
Dey

Report of the Committee on the abuse of
Medical Charities

Med Keest 1880

114015







The following Report of "the Committee on the Abuse of Medical Charities" was presented to the Philadelphia County Medical Society on March 10, 1880, ordered to be printed for the EXCLUSIVE USE of the Members of the Society, to be sent to each one by the Secretary, and made the order for the Conversational Meeting of March 24th by the "Directors", in place of the paper previously arranged for that meeting. In accordance with this action, it is now printed and forwarded, solely for the consideration and use of the members of the Society.

W. R. D. BLACKWOOD,

Chairman Publication Committee.

REPORT.

The Committee on the abuse of Medical Charities, consisting of the "Committee on Hygiene and the Relations of the Profession to the Public," with the addition of the following named gentlemen: Drs. S. R. Skillern, R. Burns, W. B. Atkinson, J. G. Stetler, W. T. Taylor, R. J. Dunglison, C. A. McCall, and W. R. D. Blackwood, beg leave to present this their final report. The subject, it will be remembered, was referred to the Committee, in the shape of a *Memorial* from the "West Philadelphia Book Club," at the regular meeting of this Society held May 22d, 1878. While, therefore, on the one hand the Committee feel that they are not open to the charge of having acted precipitately or with undue haste in this extremely delicate matter, they trust that the amount of work they have accomplished, and the tangible results at which they have arrived, will be considered a justification of their action in delaying their report until the present time.

The Committee considered that their first duty was to ascertain the facts of the case,—whether such an evil as that represented in the Memorial did really exist, viz.: "A wholesale and indiscriminate, gratuitous, medical attendance in connection with the clinics, dispensaries, and other eleemosynary institutions of this city," constituting "a subject of so vast importance and so difficult to overcome as to require concerted action by the profession generally." This question divided itself into two heads. First, Was the actual number of cases treated gratuitously during any one specified space of time for which records could be obtained, say the year 1877, disproportionately large when viewed in relation to the population of the city? and, secondly, Is there direct evidence, apart from this general deduction, that persons abundantly able to pay a physician, are in the habit, in any considerable number, of obtaining gratuitous advice at the dispensaries? Sub-committees were accordingly appointed to investigate these questions; the work of the first being again subdivided into the discovery of (a) the amount of gratuitous service rendered by College Dispensaries, (b) the amount of such service rendered by Religious Dispensaries, and (c) the amount rendered by General and Special Dispensaries. The reports of these sub-committees (which are appended to this report, see appendix) appeared to the Committee fully to sustain the complaint of the Memorial, showing that in the neighborhood of one hundred and twenty thousand persons had been prescribed for at the various dispensaries during the previous year (1877), and that instances without number could be cited of individuals, in the possession of ample means, availing themselves of the opportunities provided by the benevolent for the benefit of the poor alone. Fifty-nine such cases were reported specifically, with their residences and incomes. Thus re-

assured that they had firm ground to stand upon, the next step taken by the Committee was to endeavor to discover to what extent the managers of such institutions were aware of the impositions which were practised upon them, and to obtain an expression of opinion from them and from their medical staffs, as to the best means of meeting the evil, its existence being acknowledged. This effort took the shape of the following circular, a copy of which was sent to the Secretary of each Board of Managers, and to the Secretary of each Medical Staff. In taking this step your Committee availed themselves of the experience of the "Committee on the Abuses of Medical Charities of the *New York State Board of Charities.*"

QUESTION I. Should General Dispensaries confine their operations strictly to certain geographical limits?

QUESTION II. In order to restrict the benefits of your institution to those who are really poor, should inquiries be made in each case as to the ability of the applicant to pay for medical advice?

QUESTION III. Would it be advisable to establish, as a standard of qualification for relief, the amount of income, rent paid, or general circumstances of the individual applying?

QUESTION IV. Would it be well for you to charge at your discretion a fee, either for advice or medicines, or for both?

Replies to this circular were received from fifteen Dispensaries. They are, many of them, full, and contain valuable suggestions. As a rule it was found that they recognized fully the necessity for repressive measures, but confessed themselves to be without the requisite machinery for undertaking them.

The Committee beg leave to quote from a few of the most suggestive of these replies.

DAS DEUTSCHE HOSPITAL DER STADT PHILADELPHIA. (GERMAN HOSPITAL.)

"The authorities of our institution have long since recognized the importance of reform in the matter which the Philadelphia Medical Society has wisely taken into consideration, and will cheerfully coöperate with said Society and the medical charities of this city to effect the desired end."—*Medical Staff.*

MISSION HOSPITAL.

QUESTION III.

"A check of this sort would be an excellent protection against vagrancy could it be attained, but we cannot see how the information could be reached. The statements of patients in such cases we have found to be utterly unreliable, and our information must be derived from some other source."—*Medical Staff.*

WOMAN'S HOSPITAL.

QUESTION II.

"After the first relief has been given, if there is any doubt as to the poverty of the applicant, or suspicion of imposture, it is suggested that the name and address of the patient be referred to the respective ward bureau of organized charity, for investigation, and upon endorsement by said bureau, the applicant may return for a second visit and for continued relief."—*Board of Managers.*

CHILDREN'S HOSPITAL.

QUESTION II.

"The plan it is proposed to adopt in this institution is to require applicants whose cases are doubtful, to bring a certificate of worthiness of relief from some charitable organization of their ward or district as a condition of a second visit."—*Board of Managers.*

QUESTION II.

"Patients should be required to present a certificate from the visitor of the poor in the district he or she lives in, or from the secretary of any well-known charitable organization, or from a well known citizen, before being admitted for treatment. This certificate to be taken up and filed, so that it could not be used promiscuously."—*Member of Staff of Wills Hospital.*

GERMAN HOSPITAL.

QUESTION II.

Yes. But as it will often be difficult, if not impossible, to obtain reliable information, we would respectfully suggest that some arrangement might be made with the "Philadelphia Society for organizing Charitable Relief and Repressing Mendicancy" by which information in any given case might be obtained through the "Ward Associations" of said society.—*Board of Managers.*

It thus became evident that, with the means at their command, both the managers and the medical officers of these charities felt themselves powerless to control an evil which they knew to be growing under their hands. There was a missing link in the chain, viz., an adequate investigation, which should leave no doubt as to the worthiness of the applicant.

While these replies were under consideration, overtures were received from the "Committee on Out-door Relief of the Society for Organizing Charity," alluded to in two of the replies above quoted, requesting a conference with your committee, with the intimation that their Society might possibly, through its Ward associations, undertake the labor of investigating cases referred to them by the dispensaries for decision. This proposal appeared to your Committee to meet the want. The matter was brought before this Society at the regular meeting held April 23, 1879, and referred back to your Committee for further information. At an adjourned meeting of this Society, held April 30, the subject was reported favorably, and the conference then authorized. The committees met twice in conference, and after free discussion, appointed a sub-committee with full power to act and to report directly to the two societies.

The first act of the sub-committee was to draw up a basis of co-operation of the medical charities with the Ward associations of the Society for Organizing Charity. This plan, having received the sanction of the County Society as a tentative measure at the meeting held May 14, 1879, was forwarded to the boards of managers and medical staffs of all the charities in question for their consideration and advice.

At the same meeting this Society gave its sanction to the suggestion of the Committee of Conference, that it was expedient to call a public meeting of the entire medical profession of the city, to discuss the subject, and decide upon some definite line of action, which could be accepted by all the parties interested. The summer and autumn months were employed by the sub-committee in holding informal conferences with the medical staffs of all the institutions giving dispensary relief, with the double purpose of explaining to them the suggestions of the circular and of obtaining a familiar expression of their opinions as to the expediency of adopting them. These interviews established, beyond all doubt, the fact that the attending physicians and surgeons objected strongly to undertake the labor of investigation themselves, feeling that, however great its importance, it was not for

that purpose that they offered their services; that it consumed valuable time which could be more profitably occupied, both for the patients and themselves, and that they especially shrank from the inquisitorial character of the work. At the same time they developed not less clearly the fact that those who are most intimately acquainted with the workings of these institutions are the most keenly alive to their liability to abuse, and to the wrong which is thus inflicted, first, and most important of all, on the recipients of the misappropriated bounty themselves; second, upon its benevolent donors; and, third, upon our own profession, ever foremost, as it is, in the Christ-like work of relieving the suffering poor.

Having thus, as they conceived, carried the work as far as it was possible for them to do unaided, the Committee of Conference issued, with the approbation of this Society, an invitation to every member of the profession in this city to be present at a meeting to be held in the Hall of the Philadelphia County Medical Society on the evening of Saturday, Jan. 24th, 1880, to consider the proposed plan of coöperation; the purpose of which was stated to be "to protect the medical charities and the members of the medical profession from imposition on the part of applicants for out-door relief of hospitals, or for dispensary relief, who have the ability, either wholly or in part, to pay for their treatment; to prevent overlapping in the general dispensaries; and to avoid the lowering effect upon the self-respect and independence of our people induced through indiscriminate relief."

Accompanying the invitation in each case, a copy of the plan of coöperation was sent, in order that it might be maturely considered in advance. This plan contained many of the essential features of that at first submitted to the officers of the medical charities, but with decided modifications in accordance with their criticisms and suggestions.

This meeting was presided over by Professor Gross, who, upon taking the chair, explained the objects of the meeting in a short but pointed address, which showed that he was fully in sympathy with them. Certain of his statements were so remarkable that we feel justified in repeating them, and giving them the weight of his distinguished name. After alluding to the immense crowds which throng our clinics, he went on to say: "At least one-half of these people, if due inquiry were made, would be found to be able to pay something for medical services. If this be so, then nearly one-half of these people are practising a vile imposition upon the bestowers of charity and upon the medical profession. It is not our wish to strike a blow at charity, but simply to give to charity a proper direction—to draw a line of demarcation between the deserving and the undeserving."

"This subject has, during the last ten years, attracted much attention in Great Britain, and many of the most distinguished medical men, as well as laymen, have taken an active part in correcting what all right-thinking persons must regard as a great evil, a great and crying shame. It is estimated that in London, in 1873, 1,288,000 persons received gratuitous advice and medicines. In eight of the London hospitals alone 300,000 patients were thus treated. In the provincial cities and towns the same proportion of pauperism exists. In New York, in 1876, in eleven general dispensaries, 194,000 were treated indoors and nearly 10,000 more in their homes. If to these figures we add 21,000 patients treated in the eye and ear infirmaries, we shall have a total of 225,000, or fully one-fourth of the population of that city, receiving free medical and surgical aid. It is asserted by those who are familiar with the facts that at least sixty per cent. of those patients were able to pay a small fee. In Boston, in 1877, 100,000 people, or more than one-quarter of the entire population, received charitable aid in the form of medical attendance. These figures are simply appalling, and are well calculated to arrest general attention. They plainly show that medical men, as well as charitable men, have long been the unconscious propagators of fraud and immorality."

Dr. H. Lenox Hodge, as Chairman of the Sub-committee of Conference, reported the following recommendations:—

FIRST. That all applications for relief shall be made in the first instance at the offices of the Medical Charities.

SECOND. That applicants with families in receipt of \$9 a week or more; unmarried persons receiving \$6 or more; and persons living out at service, are able to employ a physician, and should be refused treatment; and that applicants

should be so advised through the cards of the Medical Charities, as well as by notices placed on the doors of the service rooms.

THIRD. That applicants who may be admitted to treatment shall be required to pay for their medicine, or to deposit ten cents at each visit in a box provided for the purpose, unless exempted through procurement of a certificate of the ward superintendent of the Society for Organizing Charity, on which the words "unable to pay" shall be noted. This condition should also be placed on the cards and on the notices on the doors of the service rooms.

Dr. Sturgis, of New York, by special invitation detailed the workings of the fee system in the dispensaries of that city, with which he has been connected for several years, having made the defeat of fraudulent mendicancy on medical charities an especial study.

His remarks, which were listened to with great interest, showed most conclusively that concerted action on the part of the various dispensaries cannot fail to exert a repressive influence on this evil to an unlooked-for degree.

The following resolutions, offered on behalf of the Sub-committee of Conference by Dr. Lee, were then unanimously passed:—

Resolved, That efforts should be made to prevent the pauperizing and enervating influences of undue and indiscriminate medical charity.

Resolved, That care should be taken that the funds contributed by the benevolent to our hospitals and dispensaries are bestowed only upon the poor.

Resolved, That measures be taken to arrange the dispensary system so as to cover the whole city, in order to afford relief to the poor in every part at an office near their homes, and to prevent overlapping in the treatment of cases.

Resolved, That a committee be appointed to carry into effect the plan which has been proposed at this meeting, or such modifications of it as they and the several hospitals and dispensaries may deem advisable.

Resolved, That this committee be called 'The Committee on Coöperation of the Medical Charities with the Ward Associations of the Society for Organizing Charity.'

Resolved, That this Committee be composed of the medical and surgical staffs of the various hospitals and dispensaries, or of representatives from each.

Resolved, That this Committee shall call an annual meeting of the profession for the purpose of hearing a report of what has been accomplished during the year previous.

Resolved, That the officers of this meeting be the corresponding officers of this Committee."

Your Committee, therefore, respectfully recommend that, as the further prosecution of this important reform is in hands which will carry it on wisely and, there is good reason to hope, successfully, the subject of the Memorial of the West Philadelphia Book Club referred to your Committee May 22d, 1878, be left in charge of the "Committee of Coöperation," thus established, for their future action.

By order of the Committee.

Signed,

BENJ. LEE,

Chairman,

*Committee on Hygiene and the Relations of the Profession
to the Public, of the Phila. County Medical Society.*

APPENDIX.

A Tabular Statement of the number of cases treated at the different Dispensaries of Philadelphia during the year 1877, as extracted from their published Reports, or based on careful estimates.

Name of charity.	Dispensary patients.	Visits to dispensary.	Patients visited at their homes.	Number of visits at homes.
Charity Hospital Dispensary	7,644	22,932		
Children's " "	7,600	15,279		
Church Dispensary of Southwark . . .	7,231	21,691		
Dispensary for Diseases of the Rectum, etc.	70	401	7	35
" " Skin Diseases	370	2,146		
Episcopal Hospital Dispensary	12,229	25,163		
German " "	1,185	2,178		
Germantown " "	510	1,206		
Gynæcological Hosp. and Infirm. for Dis. of Children	300 ¹	1,200		
Homœopathic Hospital Dispensary . . .	7,384	11,618	1,512	
House of Industry " "	3,046	9,139	76	380
Howard Hospital " "	7,240	24,516		
Jefferson Med. Col. " "	3,500 ¹			
Jewish Hospital " "	80	240		
Mission Hosp. and Disp. for Women and Children	3,124	5,439	1,041	4,456
Northern Dispensary	14,821	44,463	1,989	9,945
Orthopædic Hospital Dispensary . . .	806	1,778		
Pennsylvania " "	3,924	17,867		
Pennsylvania Disp. for Diseases of the Skin	413	1,793		
Philadelphia Dispensary	9,667	19,334	1,118	5,590
Philadelphia Dispensary, Obstetrical De- partment	266	1,082	139	695
Philadelphia Dispensary, Eye and Ear Department	3,260	22,764		
Philadelphia Ear Infirmary	258	1,004		
" " Lying-in Charity	70	350	476	2,380
Presbyterian Hospital Dispensary . . .	1,532	4,378		
Sisters of St. Francis " "	2,551	8,040		
Southern " "	6,484	19,452		
St. Christopher's " "	1,365	2,860		
St. Joseph's Hospital " "	1,100 ¹	3,300		
St. Mary's " "	2,551	8,040		
University " "	5,940			
Wills Eye " "	4,082	28,574		
Woman's " "	6,070			
City District Physicians	3,670	18,350
Total	126,673	328,227	10,028	41,831

¹ Estimated.

A Tabular Statement of Persons receiving Gratuitous Medical Attendance at Public Hospitals and Dispensaries, in Philadelphia, who are in good if not wealthy circumstances; obtained by the Committee from what they deemed reliable sources of information.

Number.	Person attended.	Residence.	Property owned (O), or rented (R).	Assessed value, or rent paid annually.	Ability of the parties to pay	PLACE WHERE ATTENDED. University (U). Jefferson (J). Penna. Hosp. (P). Dispensaries (D). Not definitely known (I).
1	Lady	N. 18th St.	O.	\$9500	Ample	U. and Wills Hospital.
2	Family (5)	Vine "	O.	(2 houses) \$14,000	"	U. J. and Disp. Skin Diseases.
3	" (4)	N. 21st "	O.	(4 houses) about \$12,000	"	U. (frequent visitors).
4	" (3)	" "	R.	\$480	Good	Alternate between Hospitals.
5	" (3)	S. 21st "	R.	533½	Ample	" " "
6	Gentleman	Broad "	Boarder	(weekly) \$25	"	D. U. and occasionally to physician.
7	"	N. 22d "	R.	\$360	"	Alternate between D.
8	Family (3)	Race "	R.	480	Good	U. and J.
9	" (4)	N. 19th "	R.	525	"	Alternate.
10	" (4)	Mt. Vernon "	O.	8000	Ample	"
11	" (3)	Fairm't Av.	O.	5500	Good	"
12	" (2)	Brown St.	R.	360	"	"
13	" (6)	Hare "	O.	3000	"	U. and P.
14	" (2)	N. 19th "	R.	450	"	D. and occasionally to physician.
15	" (2)	" "	R.	400	"	D.
16	" (3)	Pine "	O.	3850	"	Howard Hospital.
17	" (4)	" "	R.	365	"	P. and D.
18	Lady	Spruce "	Boarder	(weekly) \$18	"	Alternates (chronic disease).
19	"	34th "	R.	\$750	Ample	U.
20	Family (2)	S. 16th "	R.	500	"	J. and P.
21	" (4)	" "	O.	5000	"	P.
22	" (5)	S. 18th "	R.	565	Good	U. and D.
23	" (3)	Sansom "	R.	360	"	Alternate.
24	" (2)	Filbert "	O.	6000	"	"
25	Gentleman	Broad "	Boarder	(weekly) \$22	Ample	I.
26	"	" "	(same h.) Boarder	(weekly) \$25	"	I.
27	"	Walnut "	Boarder	(weekly) \$15	"	I.
28	"	" "	(same h.) Boarder	(weekly) \$15	"	D.
29	Family (6)	S. 20th "	O.	\$3000	Good	U. and P.
30	" (5)	" "	R.	650	"	Alternate, and sometimes physician
31	" (5)	" "	R.	400	"	D. and sometimes, if compelled, physician.
32	" (2)	S. 21st "	O.	(about) \$5000	"	D. and physician, if unable to move.
33	" (3)	Hamilton "	O.	4500	"	Alternate U. and D.
34	" (2)	Callowhill "	R.	540	"	D. and U. and D. for Dis. Skin.
35	" (3)	Vine "	R.	520	"	Orthopædic and U.
36	" (4)	N. 20th "	O.	(about) \$5000	"	Children's and U. Hosp.
37	Lady	Race "	O.	8000	Ample	Wills Hosp. and U.
38	Family (2)	N. 21st "	R.	480	"	Alternate D.
39	Gentleman	N. 15th "	R.	600	"	Alternate D. and Hospitals.
40	Family (3)	S. 12th "	O.	6000	Good	P. and D. Dis. Skin.
41	Gentleman	Bainbridge "	O.	4000	Ample	Univ. Jeff.
42	Lady	" "	O.	4000	"	Univ. Pa.
43	"	" "	R.	350	"	Howard Hospital.
44	"	" "	R.	333½	"	Univ. Pa.
45	"	" "	R.	280	Good	Alternate.
46	Gentleman	Catherine "	R.	300	"	"
47	"	Christian "	R.	420	Ample	Univ. Pa.
48	"	" "	R.	400	"	"
49	Lady	" "	R.	Good	"
50	"	S. Broad "	O.	8500	Ample	"
51	"	S. 17th "	R.	350	Good	"
52	"	Carpenter "	R.	280	"	"
53	"	S. 15th "	R.	360	"	"
54	"	" "	R.	360	"	Jeff. Hosp.
55	"	S. 22d "	R.	"	Univ. Pa.
56	"	Delancey Pl.	O.	3500	Ample	Univ. and Wills Hosp.
57	"	Pine St.	O.	4600	"	Univ. and Jeff. Hosp.
58	Gentleman	Lombard "	R.	420	Good	"
59	Lady	Race "	R.	400	Ample	Wills Hosp. and Disp.

Those marked *Good* as to ability to pay are able to pay readily \$200 per annum. Those marked *Ample* are able to pay greatly more than those marked "Good." The above list was collected, and the "assessed value or rent" ascertained from OFFICIAL sources.

There are many other examples under observation, but not determined accurately enough to go into this Report.

The Committee present the following Extract from a "*Plan for Co-operation of the MEDICAL CHARITIES of the City, with the Ward Associations of the PHILADELPHIA SOCIETY FOR ORGANIZING CHARITY, having for its objects an avoidance of the pauperizing effect of indiscriminate Medical relief, and the protection of the Medical Charities from imposition.*"

Both in Europe and in this country very active measures have been established to protect communities from the pauperizing and enervating influences of undue and indiscriminate relief, and to give a better direction of the funds of contributors in reaching the worthy poor. Foremost in this question are the Medical Charities.

London* is said to give Medical Charity to one out of every three or four of her population; New York† in about the same proportion; Boston‡ to one in four and a fraction; Philadelphia to one in five and a fraction.§

Overlapping and duplication in the registration of beneficiaries at the different services, and other conditions, must account for a large exaggeration in this stated ratio; but the evidence of a very large imposition upon the services rendered at the offices of our Medical Charities is justly complained of by our Medical Staffs and by the general Profession. The numerous and rapidly increasing attendance of patients at many of the out services of our Hospitals and Dispensaries, overtaxes the energies of the medical officers, and is a disadvantage to the patient in the limited time that can be allowed for diagnosis and treatment. But it is because of the lowering effect upon the self-respect and independence of our people that this indiscriminate medical relief is chiefly to be deplored. In London the Medical Profession have been taking the subject into very thorough consideration for the last nine years, and through a system of Provident Dispensaries, as well as through investigation by the visitors of the Charity Organization Society, they are doing much to restrain the evil.

The subject has been for the last few years under active discussion in New York,|| Boston, Philadelphia, and our Western cities.

While Provident Dispensaries are under favorable consideration it is realized that the first step towards remedy must be a complete system of investigation.

In this city the PHILA. SOCIETY FOR ORGANIZING CHARITY AND SUPPRESSING MENDICANCY affords, through its Ward Associations, the means of investigation that would appear requisite.

To facilitate this end, the following dispositions are recommended:—

1st. That the seven GENERAL DISPENSARIES of Philadelphia, to wit.: The Southern, The Philadelphia, The Northern, The Philadelphia Society for the

* Dr. Joseph Rogers, British Medical Journal for May 27, 1871, and Reports of five Sub-committees of Physicians.

† First Report of the Committee on the Abuses of Medical Charities to the State Board of Charities of New York.

‡ Proceedings of Norfolk District Medical Society of Massachusetts, 1877.

§ Reports of Investigating Committees.

|| It is stated in the last report (for the year 1878) of the New York Dispensary, that a charging system of ten cents per visit as part payment for medicines has been introduced, and with very satisfactory effects. Only six per cent. were found unable to pay the fee, and were placed on the free list. These payments added between \$3000 and \$4000 to the revenue of the dispensary for the year. The report also states that the system of charges is in operation with the other general dispensaries with possibly one exception.

Employment and Instruction of the Poor, The Howard Hospital and Infirmary for Incurables, the Charity Hospital, and The Church Dispensary of Southwark, divide the city of Philadelphia east of the Schuylkill River into districts, composed of groups of wards, and that their services be confined to applicants residing within their several districts, as far as their Charters will permit.*

A convenient division it is found could be made of the city in accommodation with the limits already practically adopted by these Dispensaries.

This Territorial Distribution would secure—

1st. Convenience in co-operation with the Ward Association.

2d. A due apportionment of their services.

3d. An avoidance of overlapping in the registration and treatment of Beneficiaries, and the checking of the so-called Rounders on Medical Charities.

It is considered very desirable and is strongly recommended that the services of the Visiting Physicians at the houses where patients are unable to attend the office of the Dispensary should be so extended as to cover the whole city. Visiting Physicians are now provided by the Philadelphia Northern Dispensaries, and the great value and importance of this provision as a true and needed charity is respectfully urged upon the attention of the management of the Southern, of the Phila. Society for the Employment and Instruction of the Poor, of the Howard, of the Charity Hospital and of the Church Dispensary of Southwark, inviting the addition of these services to the relief already afforded by these Institutions. The service, attempted by the Physicians of the Guardians of the Poor, is found to be insufficient in force to cover adequately their Districts. It is not deemed *practicable* or *desirable* to confine the Out-door (Dispensary) relief of *Hospitals* or of any of the *Special Dispensaries* to given *Districts*. The foregoing propositions relate to territorial distribution, and are therefore necessarily restricted to the *General Dispensaries*.

All the Medical Charities, whether general or special, are urged to co-operate in having investigation made of applicants for Out-door (Dispensary) relief, where discrimination may be required, as proposed through the Ward Associations of the PHILA. SOCIETY FOR ORGANIZING CHARITY AND SUPPRESSING MENDICANCY. A charge of 10 cents per visit, or for medicine, may be made, unless specially exempted after investigation, and provided their Charters do not prevent. Out-door patients, however, who may offer and shall be required as subjects for clinical instruction should be admitted for treatment without investigation or payment of fee. Applicants for admission to the Hospital Wards may be referred for investigation at the discretion of the admitting officers.

It is suggested that the conditions for Medical relief differ from other forms of relief—

1st. In that physical suffering cannot be passed by; and

2d. In that the relief, not being exchangeable, is not liable to abuse.

The question of investigation, therefore, should be as to the ability to pay, and not upon the moral standing of the patient, as the general rule.

The payment of a small fee would tend to preserve the self-respect of the applicant and, at the same time, aid in the support of the services, and would, in a measure, check an undue recourse to the Medical Charities.

The very salutary effects that have resulted from this system of fees in New York would command strongly its adoption by all the Medical Charities of Philadelphia, unless prohibited specifically by the terms of their Charters.

It is believed that these provisions are sufficiently simple to be put in immediate operation without difficulty, and that the general ability to pay the fee, as evinced in New York, will give comparatively few cases for investigation. It will be observed that the investigation will only be required (1) when the applicant is believed to be above the class for Medical Charity, and that the reference to the Society for investigation will be exercised at the discretion of the Medical Staff; and (2) where the beneficiary pleads an inability to pay the fee. It is believed, from experience in New York and elsewhere, that over 90 per cent. are able to make this small contribution to the funds of the institution, and that,

* The seven General Dispensaries of New York have divided the city between them, each confining relief to its own district.

if the practice is generally adopted, in a very short time the requirements will become understood by the patients, and but few cases will ask for the exemption. These cases would in most instances, it is presumed, apply to the Ward Offices for the Certificate of the Superintendent before appearing at the Medical Charity. If not, the Medical officers, unless in cases of special distress or urgency, will refer the applicant to the Ward Office for the Certificate, *before* treatment. When ignorance of the Ward Office is claimed, the applicant should be referred to the Office of the Ward Association in which the Medical Charity is situated, for the needed information.

Diagrams showing the location of the several Ward Offices would also be furnished to each Medical Charity from the Office of the SOCIETY FOR ORGANIZING CHARITY.

